

2017 Monthly Rates for COBRA Participants

Employee Category	PLAN A		PLAN C		Delta Dental	Surency Vision	
	Aetna	BCBS	Aetna	BCBS		Basic	Enhanced
State COBRA Rates							
Member Only	\$596.23	\$588.50	\$465.55	\$452.35	\$45.07	\$4.04	\$7.95
Member + Spouse	\$1,166.68	\$1,113.96	\$786.93	\$755.90	\$75.79	\$7.91	\$15.68
Member + Children	\$1,028.83	\$995.91	\$715.65	\$692.68	\$72.45	\$7.14	\$14.14
Member + Family	\$1,406.97	\$1,375.69	\$925.79	\$880.59	\$89.14	\$11.03	\$21.92
Non State Employer Group COBRA Rates							
Member Only	\$702.57	\$694.40	\$569.46	\$556.15	\$55.80	\$4.04	\$7.95
Member + Spouse	\$1,508.99	\$1,455.45	\$1,137.84	\$1,104.12	\$103.34	\$7.91	\$15.68
Member + Children	\$1,370.76	\$1,337.09	\$1,060.86	\$1,036.09	\$100.01	\$7.14	\$14.14
Member + Family	\$1,820.83	\$1,732.61	\$1,293.97	\$1,243.70	\$116.67	\$11.03	\$21.92